Attachment G

Client Acuity Determination

Subject: Client Acuity Determination

PURPOSE:
To formulate a set of guidelines to be used by HIV/AIDS case management providers in Hawaii regarding the relationship between the client and the provider group. Acuity level is one analytical method by which the relationship between client and provider group may be reviewed.

POLICY:
Acuity level determinations shall be made by the individual provider agency. Acuity guidelines may be used at the discretion of the local provider agency in determining services. Acuity level will be determined at intake and reviewed as needed to meet changing client needs or whenever substantial changes occur. It is not the intention of the acuity level determination process to limit clients from access to services, but as a tool to focus attention upon services that the client deems beneficial or an integral part of the client's functioning support plan.

PROCEDURE:
Case managers will endeavor to make periodic contact with clients in order to assess changing client's needs and appropriateness of a written care/service plan. Frequency and type of contact will be based upon client acuity level and expressed client need. Case managers will act as liaisons between clients and service providers to facilitate meeting client needs. Case managers will also provide supportive counseling for clients for whom services have yet to be found or implemented. The following broad acuity level criteria have been formulated to assist case managers and service providers in the process of determining a client's service needs. Specific acuity level determinations will be made at the local agency level based upon the individual client's needs and requests. It is recognized that acuity evaluations will fluctuate based upon client need, request, and services received.

Level One – Highest
HIV-positive clients with severe and acute medical, financial or psychosocial crisis who may have difficulty in successfully managing a personal care/service plan. Client will receive initial response within 24 hours when possible. When feasible, ongoing contacts should be attempted with such frequency as daily to weekly to allow intensive service coordination with other agencies/providers.

Level Two – High
HIV-positive clients with complex and acute medical, financial or psychosocial needs whose needs require emotional and/or environmental support in order to manage their own care/service plan. Contact attempts should be at least twice monthly within a significant amount of collateral contacts.

Level Three – Moderate
HIV-positive symptomatic individuals with aggravating, but not acute medical, financial or, psychosocial needs who request assistance from the provider agency with case management and/or medical strategy decisions and who may benefit from moderate care assistance. Contact attempts should be less than once a month but more than once a quarter.

Level Four – Low
HIV-positive individuals without acute or complex medical, financial or psychosocial needs. Clients perform independent case management with assistance and/or information from a provider agency upon client's request. No currently unaddressed medical problems. Client will need minimum contact. Quarterly contact by the agency, not necessarily from a case manager.

Types of contact with or on behalf of clients:
Face-to-face, telephone, written notes and letters, electronic mail, ohana communications

STD/AIDS Prevention Branch
Hawaii Department of Health

Questions and answers through September 20, 2010, from interested parties concerning: RFP Number: SAPB-2010-5c, "Request for Proposals for HIV Care Services: HIV/AIDS Case Management and Support Services on the Island of Hawaii."

1. Question: Regarding "Prevention for Positives" counseling – does this require specialized training and/or the use of a particular intervention(s) or does it basically refer to whatever the agency considers it to be?

   Answer: The RFP states that the prevention risk assessment should be done "in connection with Prevention for Positives services". It is also stated that P4P sessions could be "provided by the most appropriate staff in the agency." The RFP does not require one specific intervention; however, in order to ensure the services include factually accurate content and are based on sound prevention techniques, they should draw on the agency's prevention staff expertise either to support or provide the services. If P4P is to be provided by case managers they will certainly require practical, science based prevention training. P4P is thus not "whatever the agency considers it to be." For clients who need it, P4P is an important service and one on which both the CPG and the Branch (including in this RFP) have placed specific emphasis.

2. Question: On page 2-5 of the RFP, the bulleted list under "Medical and related information" includes "recent STD testing history…" and "recent TB results." How should we definite "recent?"

   Answer: The STD/AIDS Prevention Branch defines "recent" as "in the last year" for TB and STD testing. This would mean the year immediately prior to the client first presenting.